

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
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49							99				
50							100				
TOTAL IND.		↓		↓		↓	TOTAL IND.	↓	↓	↓	↓
TOTAL DEP.		←		←		←	TOTAL DEP.	←	←	←	←
TOTAL CLAIMS							TOTAL CLAIMS				
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS											
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